

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 NOV 12 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000048657
1. Corporation Name
VALID RESULTS, INC.

Principal Place of Business: 535 VILLA GRANDE AVE. SOUTH, ST. PETERSBURG FL 33707
Mailing Address: 7233 DAREMOUTH AVE N, SAINT PETERSBURG FL 33710



2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/12/2000
5. FEI Number: 59-3659030
Applied For: Not Applicable
6. CERTIFICATE OF STATUS DESIRED: \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entry for SMITH, GRANT S at 535 VILLA GRANDE AVE. SOUTH, ST. PETERSBURG FL 33707.

8. Name and Address of Current Registered Agent
MYERS, ROBERT J
1135 PASADENA AVE. SOUTH
STE. 140
ST. PETERSBURG FL 33707

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.
Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN
Date: 10/12/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E040 (8/02)

pg 2 of 2

Valid Results Incorporated βx_i
Statistical Design and Research for Business

October 22, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference: Application for Reinstatement


To Whom It May Concern:

Please accept this correspondence as written notification of our failure to receive prior notification of uniform business report. It is possible that the previous notices were directed to the mailing address reflected on the attached report. The street reflected in the printed address is misspelled and may have somehow hampered efforts to forward our mail to the address we registered with the Post Office.

Attached you will find the Application for Reinstatement for Valid Results, Inc., along with our check in the amount of \$150.00. Should you require any additional information, or have questions regarding this matter, please do not hesitate to contact me at 727-347-1353.

Thank you for your consideration in this matter.

Sincerely,



Grant Smith
President